
Evidence relating to the effectiveness of palliative sedation in terms of symptom control or quality of life was insufficient. However, evidence suggests that death is not hastened by palliative sedation, but these data come from low-quality studies. Therefore, further studies are needed to specifically measure the effectiveness and quality of life in sedated people compared with nonsedated people as well as the potential for adverse events.


This provisional clinical opinion addresses the integration of palliative care services into standard oncology practices when a patient is diagnosed with advanced or metastatic cancer.


Studies have revealed promising results regarding use of pharmacogenetics as a diagnostic tool in the experimental setting; however, use of pharmacogenetics is a more complex task to accomplish in the clinical setting.


The aim of this review was to study contemporary conceptual models and clinical approaches for integrating oncology with palliative care. The authors suggest that additional research is needed to advise best practices for integrating palliative care into various health care settings.


These authors review a large group of measures used for assessing the quality of palliative care in patients with cancer and suggest that oncology-driven quality and outcomes studies are needed to broaden the connection between quality-based care and improved patient experiences.


Early evidence demonstrates the positive impact that population-based symptom screening has on patient care in Ontario, Canada. Expansion outside of hospitals and cancer centers accompanied by increased clinician engagement and education throughout the system is necessary to ensure the long-term success of the program.


Five very specific physical signs associated with death within 3 days of onset in patients with cancer may aid in the diagnosis of impending death. In this study, the authors discuss the frequency and onset of 52 other bedside physical signs and examine their diagnostic performance.


Researchers investigated the effect of early compared with delayed palliative care on symptom impact, quality of life, mood, resource use, and 1-year survival rates. They suggest that understanding the complex mechanisms by which palliative care may improve survival rates remains an important research priority.


Focus groups were conducted with palliative care clinicians who participated in randomized control trials of early palliative care for metastatic lung cancer. These data have become the foundation for training programs for clinicians.


This report summarizes panel discussions from the National Comprehensive Cancer Network and updates to its guidelines from 2013 and 2014. The most updated version of these guidelines can be found at http://www.nccn.org/professionals/physician_gls/pdf/palliative.pdf.